# Row 1086

Visit Number: c3f444c804789abbe284903fadefcab28d46764a5204292476fa902241d6534f

Masked\_PatientID: 1077

Order ID: 340ee742be425e6dd9b7303a273a4e97851d273a098e65e9ce0c498544a10ffa

Order Name: CT Pulmonary Angiogram

Result Item Code: CTCHEPE

Performed Date Time: 05/9/2020 21:19

Line Num: 1

Text: HISTORY s/p lap assisted left hemi for distal transverse cancer. bg of proved PE on warfarin Now desaturation and tachycardia TRO PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS CT pulmonary angiogram dated 31 Aug 2020 was reviewed. The quality of the acquired images is degraded by motion artefacts. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. The pulmonary trunk is not dilated. The RV:LV ratio is less than 1. There is reflux of contrast into the IVC and intrahepatic veins, suggestive of right heart strain. The heart is enlarged. No pericardial effusion is seen. Mild patchy consolidation and ground glass changes are seen in the right upper and lower lobes (7/35, 7/49). Tiny pulmonary nodules in the left lower lobe anterior basal segment are again noted (7/57). Nonspecific mosaic attenuation in both lungs. Bilateral small pleural effusion with dependent atelectasis is noted. Central airways are patent. The imaged sections of the upper abdomen are grossly unremarkable. Hyperdense layering within the gallbladder may represent vicarious contrast excretion.No bony destructive lesion is noted. CONCLUSION 1. No definite CT evidence of pulmonary embolism. 2. Mild patchy consolidation and ground glass changes are seen in the right upper and lower lobes, which may represent infection/inflammation. Report Indicator: May need further action Finalised by: <DOCTOR>

Accession Number: 8d955fd638758fb5fcc2faf51e65e61aa286c441ece80819ec63d2fd7544ff52

Updated Date Time: 05/9/2020 22:34

## Layman Explanation

This radiology report discusses HISTORY s/p lap assisted left hemi for distal transverse cancer. bg of proved PE on warfarin Now desaturation and tachycardia TRO PE TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 70 FINDINGS CT pulmonary angiogram dated 31 Aug 2020 was reviewed. The quality of the acquired images is degraded by motion artefacts. There is no filling-defect in the pulmonary trunk, main pulmonary arteries and its lobar and segmental branches. The pulmonary trunk is not dilated. The RV:LV ratio is less than 1. There is reflux of contrast into the IVC and intrahepatic veins, suggestive of right heart strain. The heart is enlarged. No pericardial effusion is seen. Mild patchy consolidation and ground glass changes are seen in the right upper and lower lobes (7/35, 7/49). Tiny pulmonary nodules in the left lower lobe anterior basal segment are again noted (7/57). Nonspecific mosaic attenuation in both lungs. Bilateral small pleural effusion with dependent atelectasis is noted. Central airways are patent. The imaged sections of the upper abdomen are grossly unremarkable. Hyperdense layering within the gallbladder may represent vicarious contrast excretion.No bony destructive lesion is noted. CONCLUSION 1. No definite CT evidence of pulmonary embolism. 2. Mild patchy consolidation and ground glass changes are seen in the right upper and lower lobes, which may represent infection/inflammation. Report Indicator: May need further action Finalised by: <DOCTOR>. In simpler terms, this means...

## Summary

No diseases detected.  
No specific organs mentioned.  
No symptoms mentioned.